



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
COLLECTION SERVICE BOARD  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
615-741-1741

**COLLECTION SERVICE LICENSE APPLICATION INFORMATION  
TENNESSEE CODE ANNOTATED REQUIRES THAT AN APPLICATION FOR  
A LICENSE AS A COLLECTION SERVICE SHALL BE ACCOMPANIED BY  
THE FOLLOWING:**

1. A complete application
2. A non-refundable application fee of one hundred fifty dollars (\$150)
3. A current personal and/or corporate financial statement prepared by a licensed public accountant and/or a certified public accountant
4. A surety bond executed by the applicant and a surety company authorized to do business in this state made payable to the State of Tennessee. The amount of this surety bond shall be pro-rated and based on the certified number of employees per collection agency as follows:
  - a. [a] 1-4 employees - fifteen thousand dollars (\$15,000);
  - b. [b] 5-9 employees - twenty thousand dollars (\$20,000);
  - c. [c] 10 or more employees - twenty five thousand dollars (\$25,000); or
  - d. Instead of such bond, a certificate of deposit shall be conditioned that the applicant shall faithfully and truly perform all agreements entered into with its clients and the net proceeds of all collections in accordance with this chapter:
5. A satisfactory proposed budget of monthly operating expenses for the first (6) months of operation

THE BOARD REQUESTS THAT CORPORATIONS SUBMIT A COPY OF THEIR ARTICLES OF INCORPORATION.



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
**COLLECTION SERVICE BOARD**  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
Phone 615-741-1741 Fax 615-253-1179  
[www.tn.gov/commerce/boards/collect](http://www.tn.gov/commerce/boards/collect)

APPLICATION FOR A COLLECTION SERVICE LICENSE TO OPERATE IN TENNESSEE

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FEES: Application Fee - \$150.00 \_\_\_\_\_  
License Fee - \$600.00 \_\_\_\_\_  
Solicitors Card \$25.00 ea. \_\_\_\_\_

ENCLOSE THE FOLLOWING WITH THIS  
APPLICATION:  
Bond or Certificate of Deposit \_\_\_\_\_  
Completed Application \_\_\_\_\_  
Financial Statement \_\_\_\_\_  
Proposed Budget \_\_\_\_\_  
Proof of Privilege tax \_\_\_\_\_

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**NOTE:** All answers must be typed or printed. All applicable questions must be answered fully otherwise your application will not be reviewed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (As described on license / certificate)

\_\_\_\_\_  
Street, P.O. Box, Building

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number and Area Code: \_\_\_\_\_

\_\_\_\_\_  
Other Agency Name(s) Operating Under (dba's, etc.)

Our Agency Is: (Check One)

a. \_\_\_\_\_ Sole Proprietorship b. \_\_\_\_\_ Partnership c. \_\_\_\_\_ Corporation d. \_\_\_\_\_ Limited Liability Company

e. \_\_\_\_\_ Other (Explain) \_\_\_\_\_

Section (e) should include merchant owned, association, foreign agency, etc.

EXPLANATION: \_\_\_\_\_

ANSWER ONLY THE FOLLOWING SECTION THAT PERTAINS TO YOUR TYPE OF AGENCY -

**[A] Sole Proprietorship** (List all parties that have financial interest in the agency)

Name	Residence Address
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Name	Residence Address
------	-------------------

**[B] Partnership** (attach a separate sheet if necessary.)

Name	% Ownership	Residence Address
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Name	% Ownership	Residence Address
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**[C] Corporation**

President Name	% Stock Owned	Residence Address
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Vice President Name	% Stock Owned	Residence Address
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Secretary Name	% Stock Owned	Residence Address
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Treasurer	% Stock Owned	Residence Address
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List other officers or stockholders who have a right to participate in the management of this corporation on a separate sheet of paper and submit with this application as an addendum to (c).

**[D] Limited Liability Company (LLC)** (Attach a separate sheet if necessary as an addendum to [D].)

Name	Residence Address
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Name	Residence Address
------	-------------------

Date your corporation was chartered in Tennessee: \_\_\_\_\_

If other than a Foreign Agency, fill in below:

Name and Title	% Stock Owned	Residence Address
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Name and Title	% Stock Owned	Residence Address
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Give additional information about this agency or owners that may be necessary. Attach a separate sheet of paper if necessary.

If you are a Foreign Corporation:

1. In what state is your agency domiciled? \_\_\_\_\_

2. How long has this corporation been in existence? \_\_\_\_\_

Name and address of counsel or agent in Tennessee for contacts by Board and for Service of Legal Process: (In accordance with **Tenn. Code Ann 62-20-117(b) (1)**)

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Street City, State Zip

Additional Information:

\_\_\_\_\_

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1.) All questions to follow must be answered by all classifications of agencies: List the places this agency has been engaged in any kind of business or vocation for the past seven (7) years. (List the most recent first.) (Attach a separate sheet as addendum to #1 if necessary.)

\_\_\_\_\_  
Nature of Business

\_\_\_\_\_  
Employer Address

From (Date)\_\_\_\_\_ To (Date)\_\_\_\_\_

2. Have you ever been denied a license in Tennessee or in any other state: Yes\_\_\_\_\_ No\_\_\_\_\_

If the answer is "Yes", please provide a full explanation on a separate sheet of paper.

3. In the last seven (7) years, have you:

a. Been convicted in any court of fraud? Yes\_\_\_\_\_ No\_\_\_\_\_

b. Been convicted of or had judgment(s) entered against you for failure to pay an account to a client for money or property collected by you for the client? Yes \_\_\_\_\_ No\_\_\_\_\_

c. Ever been convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No\_\_\_\_\_

d. Do you now have any felony or misdemeanor charges pending against you or your agency? Yes\_\_\_\_\_ No\_\_\_\_\_

e. Do you now have any civil actions pending against you or your agency? Yes\_\_\_\_\_ No\_\_\_\_\_

**If your answer(s) to any parts of question three (3) are answered "yes", you must provide a full explanation on a separate sheet of paper as an addendum to question.**

4. In the last seven (7) years, have you had any type of civil judgment against your agency? Yes\_\_\_\_\_ No\_\_\_\_\_ Describe if answer is "yes" \_\_\_\_\_

\_\_\_\_\_

5. If you are an attorney applying for a license, in the last seven (7) years has your license to practice law been suspended and/or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Give the names and addresses of six (6) clients that you are now serving, along with the approximate length of time in which you have served them.

a.		
Name		Length of Service
Street		City, State, Zip
b.		
Name		Length of Service
Street		City, State, Zip
c.		
Name		Length of Service
Street		City, State, Zip
d.		
Name		Length of Service
Street		City, State, Zip
e.		
Name		Length of Service
Street		City, State, Zip
f.		
Name		Length of Service
Street		City, State, Zip

7. Do you affirm that you remit to your clients monies collected for them within thirty (30) days after the close of each month unless other arrangements have been made with specific clients?

Please write your answer and initial: \_\_\_\_\_

If the answer is "no", please explain: \_\_\_\_\_

8. List the name(s) of banks where you deposit clients' money-  
(Attach a separate sheet listing accounts if necessary):


Are sufficient funds maintained in such trust account(s), at all times, to disburse such amounts as due all clients? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is "no", please explain: \_\_\_\_\_

9. In the last seven (7) years, have you or your agency been declared bankrupt? Yes\_\_\_\_\_ No\_\_\_\_\_

If "yes", explain: \_\_\_\_\_

10. Have you ever been active financially in any business that has been declared bankrupt? Yes\_\_\_\_\_ No\_\_\_\_\_

If "yes", explain: \_\_\_\_\_

11. List the names of any national trade associations directly connected with credits and collections of which you are a member:

a. \_\_\_\_\_

b. \_\_\_\_\_

12. List the names and addresses of three (3) persons (not related to you) who can attest to your reputation for honesty, good moral character and recommend you to the Tennessee Collection Service Board.

Name	Years Known	Phone #	City, State, Zip
a. _____			
b. _____			
c. _____			

Name	Years Known	Phone #	City, State, Zip
b. _____			

Name	Years Known	Phone #	City, State, Zip
c. _____			

13. Explain briefly what services you render. If additional space is needed, answer on supplemental page.

I certify that the applicant agency has, or will have the following number of employees':

a.) 1-4 \_\_\_\_\_ b.) 5-9 \_\_\_\_\_ c.) 10 or more \_\_\_\_\_

UNDER THE PENALTIES OF PERJURY, I DECLARE THAT THE STATEMENTS MADE HEREIN ARE FOR THE PURPOSE OF INDUCING THE ISSUANCE OF A LICENSE AND THAT ALL QUESTIONS HAVE BEEN ANSWERED AND ALL ACCOMPANYING DOCUMENTS HAVE BEEN STATED TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE TRUE, CORRECT AND COMPLETE IN EVERY RESPECT.

\_\_\_\_\_  
(PRINT) NAME OF PRINCIPAL OR AUTHORIZED AGENT

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT

NAME OF LOCATION MANAGER: \_\_\_\_\_ LICENSE # \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME BEFORE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

(Seal)  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

## CONSENT TO SERVICE OF JURISDICTION

KNOW ALL MEN BY THESE PRESENT:

The undersigned individual, \_\_\_\_\_ being an applicant for license as a non-resident Collection Business or Location Manager of the State of Tennessee, does hereby irrevocably consent, stipulate and agree that suites and actions may be commenced against such applicant in the proper court of any county of the State of Tennessee in which a cause of action may arise in which the plaintiff may reside, by the service of any process or pending authorized by the laws of the State of Tennessee on the Secretary of the Collection Service Board, and that such service of such process or pleading in said Secretary shall be taken and held in all courts to be as valid and binding as if the service had been made upon said applicant in the State of Tennessee.

Signed at \_\_\_\_\_ on the \_\_\_\_\_  
(City) (State)  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Authorized Agent) NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Company Name

Personally appeared \_\_\_\_\_ before the undersigned notary public in and for the above named county and state, the day and date above named, and acknowledged the execution of the foregoing instrument to be voluntary act and deed of such applicant for the purposes therein set forth.

\_\_\_\_\_  
Notary public

in and for \_\_\_\_\_ County, State of \_\_\_\_\_

(NOTARIAL SEAL)

\_\_\_\_\_  
My commission expires \_\_\_\_\_

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REQUEST FOR SOLICITORS IDENTIFICATION CARDS**

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NAME OF COLLECTION SERVICE

---

STREET P.O. BOX BUILDING

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CITY STATE ZIP CODE

---

NUMBER OF SOLICITOR CARDS REQUESTING

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AMOUNT ENCLOSED \$25.00 EACH

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LOCATION MANAGER'S SIGNATURE